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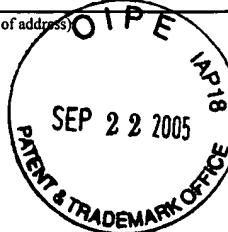
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7590 06/29/2005

**THE SCRIPPS RESEARCH INSTITUTE
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09/23/2005 JBALINA2 00000024 09194552

01 FC:1501 1400.00 OP
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Angel Fletcher	(Depositor's name)
<i>Angel Fletcher</i>	(Signature)
September 19, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/194,552	03/23/1999	PETER BROOKS	TSRI481.2	3335

TITLE OF INVENTION: METHODS AND COMPOSITIONS USEFUL FOR INHIBITION OF ALPHANUBETAS MEDIATED ANGIOGENESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRIS, ALANA M	1643	424-277100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Thomas Fitting
2 Michael J. McCarthy
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Scripps Research Institute

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

La Jolla, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0962 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Thomas Fitting

Date September 19, 2005

Typed or printed name Thomas Fitting

Registration No. 34,163

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